

REQUEST TO THE ASSESSOR TO COMBINE PARCELS (FOR TAXING PURPOSE ONLY)

I/We, owner(s) of the properties described below, here-by request the combining of these properties for the purposes of valuation and taxation <u>only</u>. I/We fully understand that this document does not supersede or over-ride any legally recorded documents that created these properties, and that this document shall not be considered as a physical change to the properties' legal descriptions as recorded within those documents. I/We also acknowledge that, depending on property characteristics of parcels involved, there could be a change in land values and taxes due for the resulting parcel(s). In addition, I/We acknowledge that securing zoning or a building permit on the combined properties may require the approval from the jurisdiction based on a legally recorded deed to change the legal description and that combining the parcels for taxation purposes may not affect that process.

OWNER (S)	DATE:
ADDRESS:	DAY TIME PHONE # ()
CITY: STATE: ZIP):
PARCEL NUMBER (S):	
In order for parcels to be considered for combination, the fol	lowing questions must be answered:
A. Are the parcels contiguous (common lines and corners)?	YES NO
B. Are the parcels located within the same Tax Area Coc Districts, if any.)? YES NO (the http://www.maricopa.gov/Assessor/Default.aspx or through our of	Tax Area Code can be found on line a
C. Do the parcels have the same ownership (no sales agr parcel)? YES NO	reements or other parties on any single
D. Are the parcels all covered by a single mortgage or free fi	rom mortgage? YES NO
E. Are the parcels part of a Horizontal Property Regime (Cor	ndo)? YES NO
By signing below, I/we acknowledge that I/we have read the all questions to the best of my/our knowledge. I/we underst not affect the application of zoning ordinances or building co	and that combining these parcels may
Signed by Deputy Assessor	Signed by Owner (s)
Date	Date

Assessor Office Public Assistance Fax # : 602 506-7620